

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1008

Registrar's No.

0051058

STATE FILE NUMBER

FILED JAN 16 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Homer Phillips</u>		d. STREET ADDRESS (If outside, give location) <u>1357 Temple</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Shannon</u> Last <u></u>		4. DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-28-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mississippi</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u></u>		13b. MOTHER'S MAIDEN NAME <u>Viola Hard</u>	
14. NAME OF HUSBAND OR WIFE <u>Bonnie Hawk</u>		15. ADDRESS <u>1357 Temple</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (and of unknown)) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u></u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of throat</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>148X</u> DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>		20c. TIME OF INJURY (Hour, a.m., p.m., Month, Day, Year) <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>234</u> to <u></u> and last saw her alive on <u></u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. L. Taylor, Coroner</u>		22b. ADDRESS <u>1300 Clark Ave.</u>	
22c. DATE SIGNED <u>12-30-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery Co Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>1-3-1964</u>		23b. DATE <u>1-3-1964</u>	
23c. LOCATION (City, town, or county) <u>St. Louis</u>		23d. LOCATION (City, town, or county) <u>St. Louis</u>	
24. FUNERAL DIRECTOR <u>D. J. Watson 2769 Chouteau</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 30 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Rod Smith, M.D.</u>		27. REGISTRAR'S SIGNATURE <u></u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5072

P. O. Address 4535 W. Main St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.